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## BIB DATA SHEET

CONFIRMATION NO. 3217

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO.                                       |                     |                           |
|--|---|--|-------------------------|--|---------------------|---------------------------|
| 10/530,969   | 04/11/2005  | 514  | 1616                    | WBW-12984  |                     |                           |
| <b>RULE</b>  |   |  |                         |  |                     |                           |
| <b>APPLICANTS</b><br>Ernst Hesse, Fieberbrunn, AUSTRIA;<br>Gerhard Hantich, Kitzbuhel, AUSTRIA;<br>wolfgang H. Nitschmann, St. Johann I. T., AUSTRIA;<br>Helmut Scheidl, Fieberbrunn, AUSTRIA; |   |  |                         |  |                     |                           |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AT03/00306 10/09/2003  |   |  |                         |  |                     |                           |
| <b>** FOREIGN APPLICATIONS *****</b><br>AUSTRIA A 1540/2002 10/10/2002   |   |  |                         |  |                     |                           |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b><br>02/01/2007  |   |  |                         |  |                     |                           |
| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b> | <b>SHEETS DRAWINGS</b>                                       | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| 35 USC 119(a-d) conditions met   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | AUSTRIA                 | 0  | 21                  | 2                         |
| Verified and   | /JAMES HENRY ALSTRUM ACEVEDO/<br>Examiner's Signature   |  |                         |  |                     |                           |
| Acknowledged   | Initials  |  |                         |  |                     |                           |
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| <b>TITLE</b><br>Pharmaceutical preparation, which can be administered nasally, and the production thereof  |   |  |                         |  |                     |                           |
| <b>FILING FEE RECEIVED</b><br>540  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                         | <input type="checkbox"/> All Fees                            |                     |                           |
|  |   |  |                         | <input type="checkbox"/> 1.16 Fees (Filing)                  |                     |                           |
|  |   |  |                         | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                     |                           |
|  |   |  |                         | <input type="checkbox"/> 1.18 Fees (Issue)                   |                     |                           |
|  |   |  |                         | <input type="checkbox"/> Other _____                         |                     |                           |
|  |   |  |                         | <input type="checkbox"/> Credit                              |                     |                           |